

City of Wilmington

Velda Jones-Potter
City Treasurer



Louis L. Redding City/County Building
800 French Street
Wilmington, Delaware 19801-3537
(302) 576-2480
treasurer@wilmingtonde.gov

PENSION PLAN INCOME TAX WITHHOLDING ELECTION FORM IN LIEU OF W4P

Name _____

Employee ID _____

Social Security Number _____

Telephone Number(s) _____

Street Address _____

City _____

State _____

Zip _____

Sign and date the bottom of form. *Your request cannot be processed if the form is not signed.* Return it by mail to the address above or by fax to (302) 573-5568. If you have questions about this form or how to fill it out, call (302) 576-2480.

1. ☐ I elect **NO FEDERAL** income tax to be withheld from my monthly pension.
☐ I elect **NO STATE** income tax to be withheld from my monthly pension.
2. I elect to have my monthly withholdings calculated using the tax tables based on the following marital status and number of allowances:

Federal Withholdings:

- ☐ Single ~ # of allowances _____ ☐ Married ~ # of allowances _____
☐ Married, but withhold at the higher single rate ~ # of allowances _____
☐ Also, withhold \$ _____ in addition to this calculation

State Withholdings:

- ☐ Single ~ # of allowances _____ ☐ Married ~ # of allowances _____
☐ Married, but withhold at the higher single rate ~ # of allowances _____
☐ Also, withhold \$ _____ in addition to this calculation

3. I elect to have **ONLY** the following flat dollar amount withheld from my monthly pension:

Federal Tax Withholding: \$ _____ State Tax Withholding: \$ _____

4. I elect to have the following dollar amount withheld **IN ADDITION** to my current monthly withholdings:

Federal Tax Withholding: \$ _____ State Tax Withholding: \$ _____

*I understand that the withholding elections requested above will remain in effect until I change them. I understand that I may revoke or change my tax withholding election at any time by notifying the City Treasurer's Office Pension Division **in writing** at:*

City Treasurer's Office
Pension Division
City/County Building
800 North French Street, 5th Floor
Wilmington, DE 19801

Signature of Pensioner or Power-of-Attorney _____

Date _____